

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

AMERICAN HOME PATIENT, INC.  
c/o Joseph F. Ferlong, III, President and CEO  
5200 Maryland Way, Suite 400  
Brentwood, Tennessee 37027

54C 05-1096

## 2. Article Number

(Transfer from service label)

7004 26

590 3906

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature		<input type="checkbox"/> Agent
<i>[Signature]</i>		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
5002 37 NUN 2004 MARCH 18		
3. Service Type		
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		